

**STATE OF SOUTH CAROLINA****(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

223768

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET****DOCKET****NUMBER:** 2010 - 158 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Joenathan Chaplin**Telephone:** 803-754-5600**Address:** 4511 North Main Street**Fax:** 803-691-8229

Columbia, South Carolina

**Other:** 803-240-2704**Email:**

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 4-29-2010

**CLASS C - CHARTER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Wheels of Justice of USA, LLC

4511 North Main Street

Street Address of Applicant

Columbia, South Carolina 29203

Mailing Address of Applicant if different from street address

803-240-2704

Phone

803-691-8229

Fax

info@wheelsofjusticeusa.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Joenathan S. Chaplin 209 Cartgate Circle Blythewood, South Carolina 29016

RECEIVED  
APR 30 2010  
CLERK OF COURT

803

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month April Year 2010

#### Assets:

Cash	\$ 500.00
Receivables	<del>0</del>
Real Estate	<del>0</del>
Buildings and Equipment (Net)	<del>0</del>
Motor Vehicles (Net)	\$50,000
Garage Equipment (Net)	<del>0</del>
Machinery and Tools (Net)	
Supplies on Hand	<del>0</del>
Prepays and Other Assets	<del>0</del>
<b>Total Assets</b>	
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$249.00
Notes Payable	—
Mortgages Payable	—
Equipment Obligations	<del>0</del>
Accrued Salaries and Wages	<del>0</del>
Other Accrued Obligations	<del>0</del>
Other Liabilities	<del>0</del>
<b>Total Liabilities</b>	
Capital Stock	<del>0</del>
Retained Earnings	<del>0</del>
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

**PROPOSED RATES AND CHARGES FOR SERVICE**

Maximum Proposed Rates and Charges for Service are as follows:

\$200.00/hour

Counties to be Served:

State wide

Maximum Number of Passengers per Vehicle:

12



## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

The Wheels of Justice, LLC

Name of Motor Carrier

4511 N. Main St. Columbia, SC 29203

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 3501

Limits 100,000/300,000/50,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

National Indemnity group of Insurance companies

Name of Insurance Company

3024 Harney Street Omaha, Nebraska - 68131

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/28/10

Date

Shannon Keohane

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

**Wheels of Justice of USA, LLC**  
Name of Applicant

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1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

N/A

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



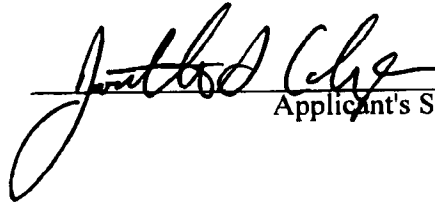
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF )

Richland

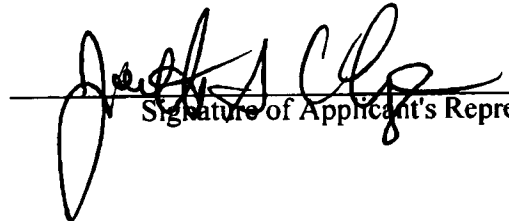


Applicant's Signature

I, Jonathan S. Chaplin, owner  
Name of Applicant's Representative Title

of Wheels of Justice of USA,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

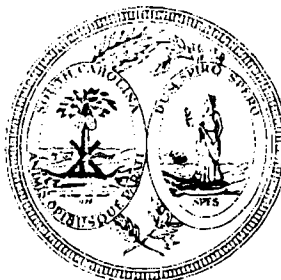
SWORN TO BEFORE ME

This 21<sup>st</sup> day of April, 2010

JB. R. J.  
Notary Public

Commission Expires 3/5/14

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

WHEELS OF JUSTICE OF USA, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 23rd, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
23rd day of July, 2009.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**  
(Executed in triplicate)

Filed with SOUTH CAROLINA PUBLIC SERVICE COMMISSION (hereinafter called commission)  
(Name of Commission)

This is to certify, that the COLUMBIA INSURANCE COMPANY

(Name of Company)

(hereinafter called Company) of 3024 HARNEY STREET, OMAHA, NEBRASKA 68131

(Home Office Address of Company)

has issued to THE WHEELS OF JUSTICE LLC

(Name of Motor Carrier)

of 4511 N MAIN STREET

(Address of Motor Carrier)

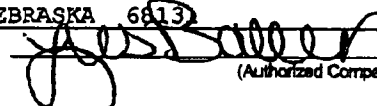
COLUMBIA, SOUTH CAROLINA 29203

a policy or policies of insurance effective from 4-23-2010, 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the uniform motor carrier bodily injury and property damage liability insurance endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the company agrees to furnish the commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the commission.

Countersigned at 3024 HARNEY STREET, OMAHA, NEBRASKA 68131  
this 28 day of APRIL, 2010

  
(Authorized Company Representative)

Insurance Company File No. 71APG022951-01

(Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

MC 1633

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

JUL 23 2009

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is The Wheels of Justice of USA, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
4511 North Main Street

Street Address

Columbia

City

29203

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

The Law Office of Mathias G. Chaplin, P.A.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

4511 North Main Street

Street Address

Columbia

City

29203

Zip Code

4. The name and address of each organizer is

- (a) Joenathan S. Chaplin

Name

4511 North Main Street

Street Address

Columbia

City

South Carolina

State

29203

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

090723-0137

FILED: 07/23/2009

WHEELS OF JUSTICE OF USA, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

The Wheels of Justice of USA, LLC  
Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(b)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(c)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(d)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City


\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Wheels of Justice of USA LLC  
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer  
  
(Add Additional lines if necessary)
- Date July 23, 2009

#### **FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211

#### **NOTE**

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

**Account Agreement**Date: **4/16/2010****Institution Name & Address**

Carolina First Bank  
8850 Farrow Road  
Columbia, SC 29203  
Gateway - 236

**INFORMATION:** Federal law requires you verify your identity. You may be required to provide one or more forms of identification. In some instances we may use the information you provide for other purposes. The information you provide may be subject to federal law. See page 2. There is additional information on page 2.

**Owner Signer Information 1**

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Driver's License No., State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

**Owner Signer Information 2**

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Driver's License No., State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

**Internal Use****Account Title & Address**

WHEELS OF JUSTICE OF USA, LLC  
4511 NORTH MAIN STREET  
COLUMBIA, SC 29203

**Ownership of Account**

The specified ownership will remain the same for all accounts.

- ☐ Individual ☐ Corporation - For Profit  
☐ Joint with Survivorship (not as tenants in common) ☐ Corporation - Nonprofit  
☐ Joint with No Survivorship (as tenants in common) ☐ Partnership  
☒ Limited Liability Company  
☐ Trust-Separate Agreement Dated: \_\_\_\_\_

**Beneficiary Designation**

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)  
☐ \_\_\_\_\_

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

- ☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

**Signatures**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☐ Terms and Conditions ☐ Truth in Savings ☐ Privacy  
☐ Electronic Fund Transfers ☐ Funds Availability  
☐ Common Features ☐ \_\_\_\_\_

[x] \_\_\_\_\_  
 JOENATHAN CHAPLIN  
 [x] \_\_\_\_\_  
 [x] \_\_\_\_\_  
 [x] \_\_\_\_\_

- ☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

(page 1 of 2)